

## PROJECT CERTIFICATION SITE INSPECTION REQUEST

Date: \_\_\_\_\_

(OCRM PROJECT MANAGER)  
S. C. DHEC-OCRM  
1362 McMillan Ave., Suite 400  
Charleston, S.C. 29405

**Project Name:** \_\_\_\_\_

**Stormwater Permit #:** \_\_\_\_\_

**OCRM WS/WW #:** \_\_\_\_\_

I, as a registered professional, certify construction of the stormwater management system at the above referenced project has been completed in accordance with the approved plans and specifications. This certification is based upon periodic observations of construction and an inspection for design compliance by me or a representative of my office who is under my supervision. Any changes from the approved plans are shown on the attached as-built drawings (if applicable).

( \_\_\_\_ ) We request that OCRM staff conduct a final wastewater/water supply (WW/WS) operational approval inspection at their earliest convenience.

Or

( \_\_\_\_ ) We request that OCRM staff conduct a final stormwater permit site inspection at their earliest convenience.

**Registered Professional:** \_\_\_\_\_  
Printed Name Signature

**S. C. Registration #:** \_\_\_\_\_

**Company/Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_